

Deposit Account Maintenance



Deposit Account Window Help



9:54 AM

Deposit Account

Number: 501482

Balance Amount: 48.50

Holder

Name: CARLSON GASKEY & OLDS



Address

Attention: MELISSA M LOEHN

Street: 400 WEST MAPLE ROAD

SUITE 350

Province:

City: BIRMINGHAM

State: MI

Postal Code: 48009

Country: US

Telephone: 248-988-8360

Fax: 248-988-8363

Details

Category Code: NONGOVNMNT

Type: REGULAR

Notification Amt: 0.00

Status



Active



Closed

Available Balance: -50,111.50

LWONDIM1 03/30/2007

BEST AVAILABLE COPY

Notice of Fee Due

Date: 03/30/07

Application Number: 09/921 803

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

***If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.**

Fee code(s) to be applied:

1401 \$500.50

The figure is a schematic representation of the experimental design, divided into two main sections: 'Pretest' and 'Main Experiment'. The 'Pretest' section includes 'Pretest 1' (with 'Pretest 1a' and 'Pretest 1b' sub-sections) and 'Pretest 2'. The 'Main Experiment' section includes 'Main Experiment 1' and 'Main Experiment 2'. Each section contains a timeline of events: 'Introduction', 'Practice', 'Training', 'Test', and 'Debrief'. The 'Pretest' section also includes 'Debrief' and 'Feedback'.

Amount in holding fee code:

1622

2622

1999 \$400.50

Total remaining due from applicant:

_____ \$100.50

RAM Operator lem/lem W